



Montana Department of Public Health and Human Services

PO Box 202951, Helena, Montana 59620-2951

Website: [www.hmk.mt.gov](http://www.hmk.mt.gov) ♦ E-mail: [hmk@mt.gov](mailto:hmk@mt.gov)

1-877-543-7669 (Free call) ♦ FAX: 1-877-418-4533 (Free call)



# The Healthy Montana Kids Plan

*How did we get here?*

*Where are we?*

*What's "down the road"?*



**Initiative 155  
HMK Plan Act**

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graph TD; A[Initiative 155 HMK Plan Act] --> B[HMK Plan]; B --> C[HMK Plus Coverage Group]; B --> D[HMK Coverage Group];
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**HMK Plan**

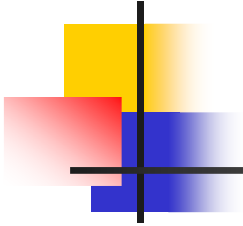
**HMK *Plus*  
Coverage Group**

- *Current Medicaid children*
- *New children 0-133% FPL*
- *Former CHIP children 0-133% FPL who are 6-18 yrs. (@ re-application)*

**HMK  
Coverage Group**

- *Current CHIP children*
- *New children 134-250% FPL*

# Medicaid & CHIP Eligibility Prior to October 1, 2009



Age	Up to 100% FPL	101% to 133% FPL	134% to 175% FPL
Birth to 5	Medicaid		CHIP
6-18 years	Medicaid		CHIP



# HMK Plan Eligibility

## October 1, 2009

Age	Up to 133% FPL	134% to 250% FPL
Birth to 5	HMK <i>PLUS</i>	HMK
6-18 years		



# HMK Plan Income Guidelines

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<b>Family Size</b>	<b>Family annual income *</b>
2	Up to \$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825

\* Families who earn more than the guidelines should apply because additional adjustments are made for family members who are employed and/or pay for child care or care for a dependent adult. The annual deductions are \$1,440 for each employed adult and \$2,400 for each child or adult receiving care.



# HMK Coverage Groups

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0 -133% FPL

HMK *Plus*

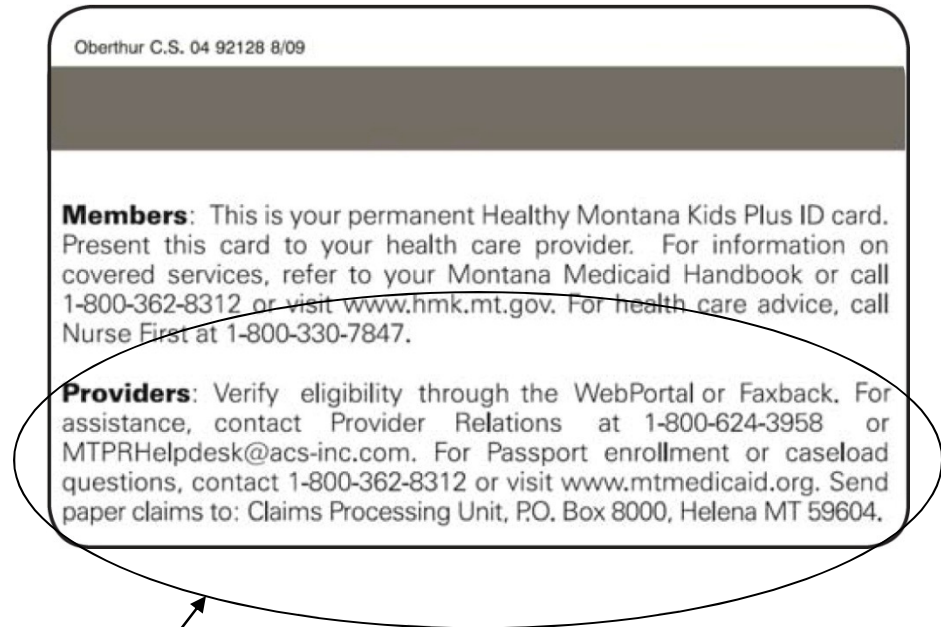
HMK *Plus* Member ID Card  
Medicaid Benefit Package  
Passport Program  
Medicaid Reimbursement Rate

134% - 250%

HMK




HMK Member ID Card  
CHIP Benefit Package  
CHIP Reimbursement Rate



# HMK *Plus* ID Card





# HMK ID Card

 <b>BlueCross BlueShield of Montana</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Plans.</small>		
<b>Subscriber Name</b> <b>James Smith</b>		
<b>Health Plan ID:</b> <b>YDA802985154</b>		
<b>Plan Code: 751</b> <b>Group No.: X59620101</b> <b>BIN: 610455</b> <b>PCN: HMBC</b> <b>Group Name:</b> <b>Healthy Montana Kids</b>	<b>Copay:</b> Office \$3 Inpatient \$25, Outpatient \$5 Up to \$215 family max	

 <b>BlueCross BlueShield of Montana</b> <small>Member of the Blue Cross and Blue Shield Association</small>	<b>www.bcbsmt.com</b> <b>Customer Service: 1-800-447-7828</b> <b>Outside of Montana: 1-800-810-2583</b> <b>Provider Locator: 1-866-325-5230</b> <b>Pharmacy Customer Service: 1-800-330-7847</b> <b>Nurse First*: 1-800-624-3958</b> <b>Dental Claims ACS*: 1-800-624-3958</b> * not a Blue Cross Blue Shield product.
Plan notification: Call customer service for inpatient admissions, surgeries and major medical procedures. For emergency/urgent services, call within 24 hours of the next working day.  BCBSMT only provides administrative claims payment services for Healthy Montana Kids Plan and does not assume any financial risk or obligation with respect to claims.	<b>To submit dental claims:</b> ACS, P.O. Box 8000, Helena, MT 59604 <b>To submit dental claims due to an accident:</b> HMK, P.O. Box 4309, Helena, MT, 59604 Submit all other claims to BCBSMT: P.O. Box 5004 Great Falls, MT 59403 Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan. Blue Cross and Blue Shield of Montana is an independent licensee of the BlueCross and BlueShield Association.
 Pharmacy Benefits Administrator.	



# Eligibility Changes

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- Expanded eligibility guidelines up to 250% FPL
- Twelve month continuous eligibility
- No asset test
- Citizenship and identity verification
- Income verification



# HMK Enrollment Partners

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- Provide Application Assistance to Families
- Currently (June 6, 2010) there are over 600 individuals trained as EPs throughout Montana
- A list of EPs can be found on our website, [www.hmk.mt.gov](http://www.hmk.mt.gov)



# Contact Information

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- **Healthy Montana Kids Plan**
  - [hmk@mt.gov](mailto:hmk@mt.gov) or 1-877-543-7669
- **Provider Relations**
  - HMK/BCBSMT [Hcs-x6100@bcbsmt.com](mailto:Hcs-x6100@bcbsmt.com) or 1-800-447-7828
  - HMK *Plus*/Medicaid: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com) or 1-800-624-3958
- **Prior Authorization**
  - HMK/BCBSMT: 1-800-447-7828 or 406-437-7863 (Fax)
  - HMK *Plus*/Medicaid (Physical Health Services): 1-800-262-1545 ext. 5850
  - HMK *Plus*/Medicaid (Mental Health Services): 1-800-770-3084
- **Passport to Health**
  - HMK *Plus*/Medicaid: 1-800-362-8312



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